THE MEDICAL FORTNIGHTLY

Vol. XXXIV ST. LOUIS, TUESDAY, NOVEMBER 10, 1908. No. 9

Papers for the original department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS.

ALBERT ABRAMS, M. D., San Francisco.
CHARLES W. BURR, M. D., Philadelphia.
S. GROVER BURNETT, M. D., Kansas City.
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago, Ill.
FRANK R. FRY, M. D., St. Louis
RICHARD T. HEWLETT, M. D., London, England.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia
CHARLES JEWETT, M. D., Brooklyn.
THOMAS LINN, M. D., Nice, France.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia
FRANK P. NORBURY, M. D., Jacksonville, Ill.
FERD C. VALENTINE, M. D., New York.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M. D., LL. D., New York
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

TUBERCULOSIS OF THE BLADDER.*

DR. WILHELM KARO,

BERLIN, GERMANY.

I highly appreciate the honor of addressing your society, in fact, I consider it a privilege to do so.

In view of the great interest which the International Congress on Tuberculosis has naturally awakened, I feel called upon to broach this subject before you this evening. As a specialist in genitourinary diseases, I have purposely chosen "Tuberculosis of the Bladder" as the theme of my lecture, because in the last few years a great change has taken place in the recognition and consequent treatment of it.

Nowadays, tuberculosis of the bladder is considered not a separate, isolated disease, but a symptom of a tubercular affection of the genito-urinary organs; just as in some cases, we may recognize tubercular laryngitis as a symptom of phthisis. Formerly, tuberculosis of the bladder was supposed to be an ascending process; accordingly, tuberculosis of the bladder, and still more, that of the kidneys, was considered an incurable disease; and the medical profession stood helpless before it. So the well-known surgeon, Albert, of Vienna, only thirteen years ago wrote: "I mention nephrectomy as a warning mistake of the times; physicians have been found to undertake this operation, and one case was reported to have been successful."

As a decided contrast to this statement, we now positively know that the bladder in nearly all cases of tuberculosis is infected by the kidneys; in very rare cases the primary seat of tuberculosis is in the genital organs, and thence reaches the bladder.

The question whether there is a primary isolated tuberculosis of the bladder, can hardly be avoided from a clinical standpoint. To answer this question in the affirmative, it would be necessary to prove that all other organs, especially the genito-urinary organs, are not affected by tuberculosis. That such a supposition is impossible we know from the clinical facts we have learned in the study of tuberculosis of the kidneys. We know that in spite of increasing weight, in spite of apparent best of health and in spite of a urine clear and free from albumen, tuberculosis may spread in one kidney and toxically affect the other.

For this reason a positive conclusion of this difficult question cannot be obtained even by double ureteral catheterization. On the other hand, catheterization of the ureters has proved that in nearly every case of tuberculosis pyuria the source of the pus is located in the kidneys. Out of more than a hundred cases of tuberculosis of the urinary organs which I have observed in the last seven years in the clinic of Professor Casper, there have been but two in which we got, through double ureteral catheterization from both kidneys, urine clear and free from albumen without leucocytes. But, as mentioned before, this fact being no test of the integrity of the kidneys, these two cases cannot in any way serve as an argument in question; the more so since no search for tubercle bacilli in the urine obtained through ureteral catheterization had been made. We, therefore, cannot be sure whether even in these two cases, tuberculosis had not originated in the kidneys.

In deciding this important question, only such cases can be taken into consideration in which clear urine is secreted, and, at the same time, our modern methods of functional examination would prove the kidneys to be perfectly sound. In the two cases mentioned above, renal function had not been tested.

*Read before the St. Louis Medical Society, October 10, 1908.

For these reasons and on the basis of my experience, I should like to emphasize the fact that I have not met with a single case where an absolutely convincing proof of a primary tuberculosis of the bladder has been established.

In order to avoid becoming tiresome, I will not enlarge on the pathological anatomy of the disease. I only wish to state that we must distinguish between real tuberculosis of the bladder, which, as you know, keeps pace with the origin and development of the miliary tubercle, and tubercular cystitis. From a clinical standpoint, the localization of these changes is of paramount importance, for from it, especially in fresh cases, we recognize the mode of infection; for instance in a case of tuberculosis of the right kidney, we find characteristic changes around the right ureteral opening. The longer the disease lasts, the more distinct the original localization becomes and the more extensive will be the parts affected. Exceptions to this rule are, of course, possible. The most advanced stages of renal tuberculosis exceptionally present no pathological changes of the bladder.

As regards the symptoms of tuberculosis of the bladder, they do not necessarily differ much from those found in other diseases of the urinary organs; hence, I will not mention dysuria in the most various degrees, pyuria and hematuria. It cannot be too strongly accentuated that the persistence of any of these symptoms must at once arouse the suspicion as to the existence of a tubercular affection of the urinary organs.

It would be a fatal mistake to be deceived by an apparently strong constitution and healthy look, and therefore, to look upon the dysuria in such cases as a symptom of a simple chronic cystitis. As an illustration of this, I will mention a single case:

An apparently healthy man, 56 years of age, had been treated for "gonorrheal cystitis" a year before consulting me. The case became worse and worse, and the patient was obliged to pass water nearly every twenty minutes. I made a cystoscopic examination and found the left side of the bladder around the left ureteral opening strongly inflammed; the ureter itself ulcerated, while the right part of the bladder and the right ureteral opening were in a healthy condition. By ureter-catheterism we got from the left kidney purulent urine containing tubercle bacilli; the urine of the right kidney was clear, without microscopical cells. We therefore removed the left kidney and found it totally tuberculous. The patient then recovered very rapidly; two weeks after operation, the urine was perfectly clear, micturition had become normal and all pain on passing water had, disappeared. I happened to see the patient about six weeks ago. He had gained sixty pounds in weight; his urine was normal, and the bladder, by cystoscope, was found in perfect health.

I mention this as an illustration of a number of similar cases in order to show that in all cases of chronic pyuria we must not be deceived by apparent health or increasing weight, but must always consider the possibility of tuberculosis and examine the urine for tubercle bacilli. By careful examination we are pretty sure to find in nearly every case tubercle bacilli on cover slip preparations from centrifugalized urine.

For safety's sake it may be advisable to examine the whole urine collected within twenty-four hours. An expert eye will never confound the tubercle with the smegma bacillus, which differs both in shape and relative position in the preparation. If no tubercle bacilli are found, a guinea pig should be inoculated with the urine according to the procedure recommended by Bloch. Within fourteen days we can then tell whether or not the urine contains the bacilli. Should this test show that no bacilli are present, it would by no means prove that the disease is not a tuberculous one.

I can only imply that in all such cases we must bear in mind that the diseased ureter may temporarily have been obliterated and the urine obtained come from the healthy kidney. Be that as it may, whether bacilli have been found or not, whenever the case arouses the suspicion of tuberculosis of the genital tract it is always our duty to confirm the diagnosis with the aid to the cystoscope Not for a moment do we hesitate to stigmatize the omittance of cystoscopy in such cases as a gross and fatal mistake. I must, however, add that all such examinations should be undertaken with the utmost delicacy and care, because the consequences may prove very dangerous if performed by unskilled hands. As a matter of principle, it is advisable to render the bladder anesthetic by injecting a 2 per cent solution of novocain or alypin, together with adrenalin, because in this way we are enabled to avoid the irritability and painfulness so characteristic of a tubercular bladder, and thus, to sufficiently unfold the inflamed and contracted organ.

In very advanced cases it is impossible to sufficiently dilate the diseased bladder. In these, we usually inaugurate a preparatory treatment by keeping the patient in bed with a thin catheter in situ, and by repeatedly and carefully washing the bladder with a very weak solution of sublimate. At the sam time, we inject small doses of tuberculin.

this way, we can in nearly every case, sooner or later, perform cystoscopy after injecting the novocain or alypin into the bladder, or in very severe cases, by spinal anesthesia. An extension of the bladder by 50 to 60 ccm. will be sufficient.

Now, what do we perceive through the cystoscope? In cases not too far advanced, we find that, according to the mode of infection, the primary changes are situated around the ureteral opening of the diseased kidney. The changes differ according to the intensity of the case, from red spots covered with mucus or purulent shreds to very deep and extensive ulcerations. Added to this, very often we find an edema bullosum around the ureter, which, in many cases, totally obliterates the ureteral opening.

The farther advanced the case, the larger the portion of the trigone involved. The anterior and upper part of the bladder in most cases remains intact. Even the sphincter internus is hardly ever affected, which is a proof against the theory of ascending tuberculosis spoken of at the very beginning. Among the many hundreds of cystoscopies in cases of tuberculosis of the urinary organs, only once did we find a very extensive inflammation of the sphincter and such a severe contraction of the whole trigone that both ureteral openings came so close together as to be observed by a single view with the cystoscope.

The finding of small gray knots of apparent miliary tubercles around the ureter is no proof of tuberculosis. We observed several cases in our clinic and were deceived. For instance, we treated a clergyman, 35 years of age, who for a year had suffered from unexplained pyuria and had become very much emaciated. We found in the bladder around the right ureteral opening, typical greyish miliary tubercles, and thereupon diagnosed tuberculosis of the right kidney. The operation showed the existence of stones in the kidney and a pyelitis, but no tubercuosis was found.

Furthermore, the healthy appearance of a ureteral orifice and its vicinity does not prove the integrity of that kidney. It would be of fatal consequence if we were to rely upon the mere cystoscopic results. Of this I can give you an instructive example:

A young girl had for many years suffered from pyuria and dysuria; we found in the urine tubercle bacilli. The cystoscope showed ucleration of the left ureter and of the left side of the bladder wall, while the right ureteral opening and the right side of the bladder appeared to be in a healthy condition. We therefore diagnosed tuberculosis of the left kidney and intended to remove that kidney because we supposed the other to be sound. Fortunately, we had previously performed double ureteral catheterism and in this way found that the right kidney was also tuberculous and its function much worse than that of the other, although the cystoscope did not show any pathological condition of that kidney. We therefore desisted from the intended operation, as the case was inoperable.

Similar cases have occurred since. We learn from such experiences how deceptive it would be to rely wholly on the cystoscope. It is, therefore, absolutely necessary in every case of tuberculosis of the urinary organs to perform double ureteral catheterism in order to know the primary seat of the disease and how far it is advanced. More than that, in order to be quite sure, we must, especially in cases where the urine from both kidneys is clear, and also in cases where both kidneys show purulent urine, follow the modern functional methods of examination together with double ureteral catheterism.

The nature of these methods of examination can, in the limited time of my lecture, be only briefly touched upon. They consist essentially in properly determining the functional power of each kidney; this again, must be determined by the ability of the kidneys to force molecules from the blood. The better a kidney functionates, the more concentrated the urine and the lower its freezing point. If both kidneys are sound, the freezing point will be alike on both sides. We therefore compare the freezing points of the urine of both kidneys obtained through ureteral catheterism; we furthermore compare the quantity of sugar after injecting phloridzin according to Casper and Richter; we also compare the quantity of blue tincture after an injection of indigo-carmine, according to Voelcker and Joseph. We have always found that the urine from the diseased kidney has a higher freezing point and excretes less sugar. These methods have been more or less modified by various authors. However, at the present time, no definite conclusions can be formed as to their value. Nevertheless, we must, in difficult cases, make use of them They will be of essential service in those advanced cases in which catheterism of the ureters cannot be performed. Here is an instructive illustration: About nine months ago, a young man, 16 years of age, consulted us about a positive tuberculosis of the urinary organs. The kidneys and ureters were not palpable nor susceptible to pressure. The cystoscope showed no clear results because it was impossible to properly clean the bladder wall. After injecting indigo-carmine, the ureter openings

became visible, the left being ulcerated. We entered both ureters but could get no urine because it was impossible to pass the catheter deep enough into the ureters. Because of the cystoscopic result, we diagnosed tuberculosis of the left kidney; but we did not know the condition of the right kidney. We therefore performed nephrotomy of the left side and opened two tuberculous abscesses and some caseous spots of the organ of that side. In order to ascertain the condition of the other kidney we injected indigo-carmine, pinched the ureter off so that from this side no urine could pass into the bladder, introduced a catheter through the urethra into the bladder and cleansed it till the injected water flowed back clear. Eight minutes later injection of the indigo-carmine, blue urine was passing from the catheter. This proved the functionating ability of the right kidney. We now removed the diseased left kidney, and the patient recovered. Casper, who fully explained this case in a paper recently read before the Verein fur innere Medizin, of Berlin, recommends this method in all such difficult cases, though he completes the functionating test of the kidney by injecting phloridzin.

At any rate, gentlemen, you will admit that our diagnostic abilities have been improved to a high degree; and if we make use of them in given cases, we will recognize tuberculosis of the urinary organs, especially of the kidneys, in the very beginning, and so be able to prevent tuberculosis of the bladder, for they will enable us to remove the diseased kidney before the affection has reached the latter organ.

The more carefully the physician examines each case and the more conscientiously he notices every symptom, however unimportant, apparently, the more rarely will an incipient tuberculosis escape him. In this connection, I should like to call attention again to every unexplained hematuria, no matter of how short duration. The following interesting case will illustrate this:

A young man, 28 years of age, consulted us for occasional terminal hematuria. On examining the very sound looking, healthy man, we noticed a distinct painfulness in the middle of the left ureter. The urine was clear, containing but few red blood cells. The cystoscope showed no pathological changes. We therefore diagnosed stone in the left ureter, and did a nephrotomy for the purpose of removing the supposed stone. To our surprise we found none; and the kidney appeared to be in a healthy condition. We removed a few small pieces of this kidney and sent them for examination to the pathologist, and he finding no structural changes, we made a diagnosis of idiopathic hemorrhage from a sound kidney. The kidney was then sutured and replaced. Later, from other causes, it was found necessary to remove the organ, and, to our great surprise, we found in it old tubercles which were not noticed either at the operation or by the pathologist. Here, therefore, the hematuria in the very healthy man was a symptom of tuberculosis we could not have counted on.

In cases where a tuberculosis of the bladder has been fully developed, the prognosis will depend upon the possibility of removing the diseased kidney. Should the other kidney be sound or at least be able to functionate, the diseased kidney must be removed at once, even if considerable portions of the bladder are affected. We have again and again become convinced that by nephrectomy even advanced cases of tuberculous bladders will heal without any special treatment.

In the first few days after the operation, a slight increase in the symptoms of the bladder sometimes takes place. In most cases, however, this will soon give way to an improved condition. In one case, a very remarkable exacerbation of the bladder symptoms was found after the nephrectomy. I consider the case important enough to be worth mentioning. It refers to a gentleman, 60 years of age, suffering from tuberculosis of the left kidney and bladder. For six months before operation micturition had been very frequent and painful. The operation showed the left kidney to be totally tuberculous and the whole ureter swollen to the thickness of a thumb. After removal of the kidney, the ureter was tightly drawn up above the wound and fastened there in order to avoid infection. From the day of operation the urinary troubles constantly increased and the general condition of the patient greatly weakened. There was no improvement, although everything possible was done. It was only after five months succeeding the operation that a slow and gradual improvement took place. The cause of this delay we ascribed the shortening of the ureter. For this reason we felt obliged to abandon the procedure, the more so since from other causes it has been found objectionable. Fortunately this case may be considered unique.

In most cases, the urinary troubles will subside within a few days after operation, the urine becoming clear and the intervals between micturition longer and longer; and because of this, a special, local treatment of the diseased bladder has been found unnecessary in the majority of cases

Of late, we have been aiding the natural healing tendency of the tuberculous bladder after nephrectomy by a systematic tuber-

culin treatment. We are guided by the directions given by Holdheim, and begin with a hypodermic injection of 0.0025 mg. tuberculin; the dose is increased each time and an injection given every two or three days. By this treatment, the bladder will heal quicker than in cases in which no tuberculin is used. We have never seen trouble from its use.

Of the many chemical remedies recommended for local treatment of the tuberculous bladder, sublimate has always proved to be the best and most reliable. We commence with a very weak solution, say 1 to 10,000, gradually increasing to 1 to 3,000. Distension of the bladder should be carefully avoided. We inject from twenty to fifty ccm. of the sublimate solution through a very thin catheter and induce the patient to retain as long as possible. By giving morphine and by warm sitz baths, we alleviate the pain caused by the sublimate. Hollaender recommends giving the solution in statu nascendo, which is done by the patient taking iodide of potassium internally and injecting calomel into the bladder. We applied this mode of treatment in a number of cases, but found it a great deal more painful without being more effective. Furthermore, we have tried hydrogen dioxide, as also the carbolic treatment recommended by Roosing. This method is as follows: After the bladder has been cleansed of mucus and pus, about fifty ccm. of a freshly prepared 6 per cent solution of carbolic acid are injected tepid and retained for about three minutes. This procedure is repeated three or four times till the solution is returned clear. There is no after washing. In case of severe pain, morphia is administered. Roosing has effected thirteen cures in eighteen cases by this method. We have tried it several times. In some cases, it was easily borne but had no healing effect In one, the patient suffered such excruciating pain, leaving him for weeks in such a pitiable condition, that we did not dare use it again

In conclusion, I would like to add a few words in regard to the direct operative treatment of the tuberculous bladder, that is, the suprapubic or perineal opening of the bladder and removal of the diseased mucous membrane. Formerly, when tuberculosis of the bladder was considered an ascending disease, this operation was occasionally done, but the results were of no duration. Nowadays, this operation is hardly attempted by a careful physician, according to the theory explained in the first part of this paper; for in the few cases of tuberculous bladder so far advanced as to render the removal of the kidney impossible, or in cases in which, after removal of one kidney, the second kidney also becomes diseased and a healing of the bladder cannot take place, in such cases, I say, it is certainly more advisable to relieve the suffering of the patient by narcotics rather than attempt an operation which, in most cases, will only serve to increase his distress.

I hope, gentlemen, you will be convinced that the treatment of tuberculosis of the bladder is a grateful undertaking for a physician who is thoroughly familiar with the character of the disease; and you will agree with me that here, too, the old Latin saying is confirmed: "Qui bene diagnoscit, bene curat"

INVISIBLE I VIEW THEE, O MY SOUL!

ALBERT S. ASHMEAD, M. D.

NEW YORK.

"The City and the Star," I look upon as an ideal composition. The author was felicitated on the poetic quality, equalling the highest prose. A great gift. The gods are chary of their best, and few are they upon whom the gods bestow shining qualities. They have not gifted me. Tis well; when excellence becomes common it ceases to be superior. The sentiment in "The City and the Star" appeals strongly to me—and the title. Here the body, there the soul. True poetry. The words are on a genial theme:

"THE CITY AND THE STAR.

"I sate at my casement window.
And gazed on the flaring town;
Men rushed here, and men rushed there,
And the star looked coldly down.

"I sate at my casement window,
And gazed on the starlit sky;
Silent their flight through the noiseless night,
And a train rushed screaming by.

"O din of a world too near me!
O peace of a life too far!
As in vision I seem to hear ye,
Thou city, and thou lone star.

"From the city a roar ascending,
It stunned as it hustled by,
Wild grief and wild laughter blending,
The widows, the worldings cry,

"With the passionate sob of sorrow,
And the passionate shriek for gold;
With the first low wail of the infant's breath,
And the last faint sigh of the old.

"And the Star! O, the Star! What said it?
I listened and caught the chime,
That they sing as they move in their constant groove,
From beginning to end of time;

"Of a law, and a course foreordered;
Not freedom, but God's control;
And nothing they know of the lawless woe,
Of the weight of a burdened soul.

"But as messengers bearing tidings,
They post on their pathway sure;
With speed never hasting, and fire never wasting,
Forever serene and pure.

"Then I turned from my casement window,
And I prayed for the peace Divine;
For the city is rife with jars and strife,
But the way of the star be mine!

"For the good here on earth too short is;
We dream, and it will not stay;
But somewhere the dream is more than a dream,
Yet, oh! it is far away."

—LEIGH HUNT.

"Invisible, I view thee." Yes, but not in the dazzling light of the sun of the morning of light. Who can see and provide against dangers attending a road he has never trod, through the vast labyrinth, the design of a Creator, who leads not? The poetic lives of an abiding faith, are full of pathos, companionable, comforting. It is decreed that the blind shall lead, that those who have eyes shall see not. Thus even, thus ever to be. Says the Wise one, the world is as we make it. Says the observant one, the world is as it is made. The one is in his own conceit. The other admits his ignorance. The one is quick to arrogate superiority. The other says: "It is God's way," viewing the whole case.

The calm of the Society of Friends is in my father's Quaker family history, which I have just prepared for Mr. Frank Willing Leach of the Philadelphia North American ("Old Ancestors of Philadelphia," to appear in a Sunday edition of October). It will abide with me a long time. The close connection and acquaintance of Chief Justice of Pennsylvania, Samuel Ashmead, while Benjamin Franklin was on the bench; Captain John Ashmead, commissioned by John Jay, president of the Continental Congress, to bring gunpowder from Martinigue, to Washintgon's army, on the U. S. Brig. Eagle 20 guns, and 30 crew, and Dr. George Lehman, surgeon at Yellow Springs Hospital, Valley Forge, while Washington sojourned there during the winter of 1777, and other Philadelphia grandfathers, with the other historic names of the revolution, together with a recollection of an article in Harper's Magazine for August, when Wall street was the centre of fashion, in New York, and well worth reading, cause the people of 125 years ago to reappear and pass before me.

I continue to see them. Yet they have gradually returned to their graves, and only the streets of the today, remain in view. In that "deep and midnight stillness of stars" of yesterday in man's history, is there calm. "Be still, my soul and know that I am God," says the Psalmist.

Yet my life (an individual) is no more a view. It has become a review and in it I dwell. To be with the dead of men and manners, is to have companions for the hour, the day of human existence. As we look back to 100 years ago, so they in their day looked back 100 years, not thinking that the ever present is ever distressful, the ever past, ever restful. There is no peace. I have often wondered whence the Quakers obtained and how they preserved and transmitted their placidity. I believe their calm communities, those refreshing restful, oases in the heated swirls of the desert of life are no more, or will soon be only for the examination of the historian, the writers of the obituaries of nations, and of peoples of the earth. No war is now raging, but the air is full of angry import, and threatenings as the darkening sky of a summer day. There is no peace, and God is not love.

Altruism is not in Nature; an altruistic circle cannot long exist; the conditions of earth life will sooner or later erase it.

I am satisfied that my view of the working principle of the Natural Law, or "God's way," is correct. No one but the dogmatist and the designing among men, will contend other wise. It is utterly heartless; so levelling and crushing is it that to be an altruist is to be deemed an egotist.

I am sincere in my unbelief and in it have as much rest and peace as have others in their belief.

THE Health Commissioner of Baltimore, Md., called attention to the decrease in deaths, during the month of September, of infants under two years of age from intestinal diseases. In September, 1907, there were 125 deaths reported, while this year there were only 54. This he attributes to pure milk.

SUIT FOR LARGE FEE.—A physician of Philadelphia has entered suit against a Pittsburg steel magnate for the collection of a bill for $20,000 for special services rendered at the rate of $500 a visit. The physician was summoned from time to time to make visits to his wealthy patient at short notice wherever he might be.

ADAMS SUCCEEDS SENN.—Dr. Charles Adams, for more than twenty years a medical officer of the Illinois National Guard, and one of the pioneers in reorganizing the medical department, that it might approximate as nearly as possible to the medical corps of the Army, was appointed by the governor surgeon-general of the State October 9.

DR. OSCAR E. TREUTLER, of St. Louis, for many years professor of chemistry, toxicology and materia medical at the Marion-Sims College of Medicine, a graduate of the St. Louis College of Pharmacy and of the St. Louis College of Physicians and Surgeons, died at his home September 4th, after a long illness caused by a street car accident some years ago. Dr. Treutler was 51 years of age.

DETRUSOR-PARESIS.

WILLIAM WAUGH, A. M. M. D.,

CHICAGO, ILLINOIS.

READING Dr. Belfield's paper (MEDICAL FORTNIGHTLY, October 10, 1908), describing his ingenious operation to relieve retention of urine, brings to mind some observations I made while studying the action of physostigmine This curious medicament is a stimulant—or is it a sedative? The question is not to be answered in the concrete, for it depends on the condition of the patient and on the dose administered.

In very small doses physostigmine is a stimulant to the smooth muscular fiber of the gastro-intestinal tract. Given in doses of gr. 1-250, repeated every hour, it is the most potent remedy at our command for distention of the stomach and bowels, with flatulence. Injected hypodermically in doses of gr. 1-100, it is distinctly sedative, and in some conditions resembles in effect a ¼ grain dose of morphine so closely that a habitue can not distinguish the two. A hypodermic dose of gr. 1-50 occasioned alarming collapse; which, however, was of short duration, since this alkaloid relaxes vascular tension, facilitating the excretions, and thus providing for its own rapid elimination. These preliminaries are necessary for a correct estimate of the following observation: The patient was a man about 60, who was uneasy at the progressive loss of force in the detrusor of his bladder. The stream was little better than a dribble and a tediously long time was occupied in each micturition. Besides, that inevitable attendant in a weak bladder was present, a burning, insistent impulse to empty the bladder the moment he arose to his feet, even though there was very little urine present. The man feared the approach of catheter life, of which he had seen the terrors in his father's case. Strychnine increases the tone of the detrusor and of the sphincter as well, which was not desirable in this case. Physostigmine was given in doses of gr. 1-250 four times a day. In a week the patient reported that there was a marked increase in the expulsive force of the detrusor, while the irritability had subsided in like degree. This observation has been confirmed by one of my colleagues, who has had a similar experience I know of no objectionable feature attending this use of physostigmine, immediate or remote; and look upon this use of it as one of those neat applications of definite remedial agencies to meet a definite indication, that give so much satisfaction to the student of active principles.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

Edited By
DR. THOS. A. HOPKINS

And the Following Associates:
JOHN McH. DEAN, M. D., Surgery.
ROBT. H. DAVIS, M. D., Dermatology.
W. E. FISCHER, M. D., Ophthalmology.
R. B. H. GRADWOHL, M. D., Pathology.
A. F. KOETTER, M. D., Oto-Laryngology.
O. E. LADEMANN, M. D., Internal Medicine.
W. H. VOGT, M. D., Gynecology.
O. H. BROWN, M. D., Tuberculosis.

Editorial Rooms, Suite 319-321 Century Building, St Louis.

EDITORIAL

Spasmodic Reform Movements.

SOME three years since the St. Louis Medical Society inaugurated a very successful campaign against illegal phases of medical practice and aginsat irregular and indecent medical advertising; the strength of the movement was directed against the performance of criminal abortion; the Health Department and other medical societies joined in the movement and there resulted a number of convictions and somewhat of an exodus of midwives and undesirable practitioners. It was frequently hinted during the campaign that offenders in high places were neglected while attention was being confined to lesser mortals, and that the effectiveness of the campaign was hindered by the fact. We would express no opinion as to this, as our knowledge of such offenses is only a matter of hearsay, and we have never been in a position to speak with any degree of authority on it But we do know that there has been a letting up on the part of the profession, largely due to health officers, who seem so sufficient and so full of initiative that it has been an easy matter to gradually shift responsibility, and an increase in the frequency of reports of tampering with pregnancy. During the last week of October the local press told us of two deaths of women consequent to an operation of this kind, and of the arrest of one physician on the charge of having done such an operation in another case and his dismissal for want of prosecution; one of these cases was out of the jurisdiction of St. Louis authorities, but was not out of the range of the influence of the St. Louis profession. This means that five lives were sacrificed and another jeapordized as a *known* record—the unknown is a matter of surmise.

Now we do not believe that our Health Department is so all-powerful that it is equal to the condition, nor do we believe that there is any less reason for activity on the part of the organized profession now than there was three or four years ago; we are hearing of no greater per cent of illegitimacy now than when the effort to stop abortion was inaugurated, and as there has been no evident alteration of human disposition it would appear that this work must still be done. It seems to be a question of determining who is doing it. Abortion is a result of our social system, a large percent of those cases which result in fatality are undertaken not because the woman fears the pains of normal labor, but because society has added to those pains the fact of lost reputation and position; if the operation is a success she is a good woman, if it is not undertaken, or is a failure she is a fallen woman. When society deals a little more leniently with women who have made this mistake it will be easier to control and eliminate abortion.

But five lives recorded within one week in one paper means that there is something radically wrong; it would appear that our committees and our workers have gone to sleep too soon.

Prof. Mumford of Harvard in St. Louis.

THE St. Louis profession has again a reason to express its thanks to President Tuholske of the St. Louis Medical Society, for a scientific and social evening which, though still something of an innovation, has proven itself so much of a success that it is to be hoped that such may be frequently repeated in the future. The speaker of the evening was Dr. M. G. Mumford of Harvard Medical School. Dr. Mumford is an unusually easy speaker, and his language is attractive aside from the scientific facts told. He gave a very complete resume of the history of cancer from the beginning of medical literature, better than two thousand years ago, up to the very present, and with some hint of what is expected from the immediate future. The earlier literature contains sufficient that is humorous from our present view point to relieve the historical of that tediousness which frequently characterizes it, and Dr. Mumford made much of this relief, and his rather long address was intensely interesting and instructive to its very last word. Those present were not a little disappointed that Dr. Crile was unable to be present. Dr. Mumford's paper had prepared the way for an enthusiastic reception of its continuation in a scientific discussion of cancer such as only Dr. Crile would have given us. This is one of the good things which the future has in store for us.

After the close of the scientific session a reception-smoker was given in the parlors of the Library Building, at which light refreshments were served. The session prolonged itself considerably beyond the usual hour of adjournment, and the generally expressed opinion was that it was one of the most profitable meetings the society has known.

The Nation's New President.

THE quadriennial upheaval which comes with the selection of the country's chief magistrate is now at an end, and it is to be hoped that the election of Hon. William H. Taft will speedily bring about a return of good times as has been predicted for it. Presidential election comes too frequently and is too disastrous in its effects on all lines of business; what hurts business hurts the medical profession, and we hope to see the time when the term will be extended to six or even eight years. Whether anything radically different shall be discoverable in Judge Taft's administration than what we have been having remains to be seen; he is the President of our country, and he can count on the medical profession for respect at all times and support should he need it.

Exploiting the Profession.

IT seems that there is one form of medical advertising which New York enjoys which has as yet but slightly affected St. Louis. We refer to the matter of reading papers before recognized scientific bodies, and using them with their discussion for the purpose of impressing the laity. That this has been done here we all know, but during recent years we have been very fortunate in our programme committees; the scientific standard has been so raised that few but highly scientific papers are ever read before the society; the "highly scientific" men are rarely those who seek notoriety. The editor of the New York Medical Journal tells of a recent occurrence there, and as there is a chance of the same thing happening here we reproduce his statement of the facts. He says:

"We have more than once taken occasion in the past to deprecate the laxity sometimes shown by medical societies in the matter of allowing undesirable papers to be presented

at their meetings. We have noted a decided improvement in this respect during the last few years, but a sorry lapse was made by the New York Academy of Medicine recently when it gave an individual the privilege of exploiting a matter connected with the treatment of tabes dorsalis in such a way as to bring him the tremendous advantage of newspaper laudation, an advantage to which at least one shining light of neurology unwittingly contributed by the remarks which he made in the discussion. So palpable was the blunder that the New York Neurological Society very promptly signified its disapproval.

"Locomotor ataxia is a disease that offers peculiar opportunities for those whose enthusiasm—not to use a harsher term—leads them to hold out to the public prospects of cure which must prove delusive. But the phenomenal exploit achieved by the man whose paper we have referred to seems to have aroused emulation among those who in various ways hold out an alluring bait to the public; within the last few days there has been shown to us a letter written to a victim of the disease by the proprietor of a sanatorium, in which, after setting for the therapeutical resources of his establishment, he modestly remarked that not every case of locomotor ataxia was curable!"

The International Medical Association of Mexico.

An invitation has been extended to the St. Louis profession, and it is not presuming too much to say that it would gladly be made more general, to attend the annual meeting of the International Medical Association of Mexico, which is to convene in Tampico, January 20-23 next. The invitation comes from Dr. W. R. Jamison of Torreon, Coah., Mexico, who assures us a cordial welcome, a scientific feast and hunting, fishing and social diversion such as only Mexico can offer. Mercantile houses have discovered Mexico, but the profession has not made much of this opportunity. Medical Mexico is much nearer to Europe than it is to the United States; it would appear wise to accept its invitation and send a good delegation to this important meeting.

Dr. Henry A. Christian was elected dean of the faculty of the Harvard Medical School, on October 14. Dr. Christian is professor of the theory and practice of medicine and is a graduate of Johns Hopkins Medical School.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

SURGERY.

The Treatment of Injuries to the Soft Parts of the Hand.—Under this caption, W. W. Harper (Internat. Jour. of Surg., Oct., 1908) reminds us that non-sterilized ointments are in disfavor with the surgical 400, that powders only serve to form coatings under which bacteria flourish, that from carron oil surgeons are happily being divorced, and that burns and scalds are now being treated as other injuries. We extract his method of treating secondary burns: 'When called to treat a second degree burn of the hand without rupture of the blister, the entire uninjured part is subjected to the following preparation, which toilet is used in all hand injuries: Freely wash with soap and warm water, using a sterile gauze sponge or nail brush with frequent change of water. Remove grease with ether, and mop with bichloride 1-1000 in alcohol, the alcohol increasing wonderfully the germicidal power of bichloride. Instead of this mopping, the hand may be immersed for ten minutes in an aqueous bichloride solution, 1-1000 or 1-500. Having completed the hand toilet, the blister is sponged with alcohol and then trimmed off entirely with sterile scissors. Then the entire hand is liberally dressed with sterile gauze and the patient instructed to keep the dressing wet with a saturated solution of boric acid. If the blister has been ruptured before the case is seen by the surgeon, the remaining tags should be cut away and the hand immersed for ten minutes a in 2 per cent solution of carbolic acid. This solution not only sterilizes, but acts as an analgesic to the burned area. Before applying the dressing, wash off the carbolized solution with normal salt solution. Under such treatment burns heal promptly and without pain."

Personal Experiences with Celiotomy Done Through the Transverse Suprapubic (Pfannenstiel) Incision.—Abram Brothers (Post-Graduate, Oct., 1908) gives the history and technique of this method of gaining access to the peritoneal cavity. The difficulties of performing the operation are not great to those possessing ordinary surgical skill and anatomical knowlege. The author himself simply follows the directions of Küstner and Pfannenstiel as first published, with some modification of the latter's method of suturing on closing the wound. The advantages of this form of operation are, first

and foremost, that the patient is secured against the possibility of subsequent hernia because the line of union of the deep layer of structures crosses that of the upper layers at right angles in the shape of a cross. The author says: "After several years observation of the results of my own work and that of others with this incision, 'I can announce that I have never yet met a case of re-opening of the wound shortly following operation nor of a hernia at any subsequent time. Both of these conditions I have met in a number of instances in my work with longitudinal incisions." Secondly, the cosmetic effect has a great value to the woman herself, because a fresh growth of the public hair hides the scar from view. The indications for the transverse abdominal incision include the vast majority of gynecological intra-peritoneal operations, the contraindications are few. Large fibroid tumors, or even smaller tumors of the uterus, ovaries or tubes, with extensive adhesions, would, in view of possible injury to the intestine, indicate a long median incision. Cases requiring drainage are also unsuitable. If the condition of the patient necessitates quick work, the median longitudinal incision undoubtedly offers speediest access to the abdominal cavity. The author has, however, without any special effort, accomplished this object within three minutes by the transverse incision. The healing of the operation wound consumes no more time than when the ordinary incision is made, and patients are usually out of bed by the end of the first week. The author concludes: "My own personal experience with transverse laparotomy dates back several years. In this period of time have kept private records of 60 cases. Most of these patients have been closely watched by me during their stay in in the hospital. The number of intra-mural hemorrhages or wound suppurations was exceedingly small. Primary union was the rule. I have seen a great many of the patients subsequent to operation and they were uniformly grateful because of buried, invisible scars which most of them presented. In a few cases in which the abdominal cavity required a second invasion, the presence of the scar from the previous operation gave rise to no more trouble or difficulty than if the original incision had been longitudinal. The results of others after using the transverse abdominal section have been regularly favorable. Stimson, some years ago, reported a large series of cases with uiformly favorable results. Pfannenstiel, in 198 cases, noted one hernia. Kroenig, in 127 cases, noted four hernias of which he thinks only two should be attributed to the incision itself. Vertes reports 150 favorable experience in Döderlein's clinic. To the e figures can easily add my own 60 cases, in which not a single case of post-operative hernia has so far been observed."

The Cure of Inguinal Hernia under Local Anesthesia.—Albert S. Morrow, of New York (N. Y. Med. Jour., Oct. 17, 1908) claims that local anesthesia is the ideal method in operations for inguinal hernia, both as to safety and thoroughness, He says, in part, that the victim of rupture is always in danger of possible death from strangulation. But two alternatives are offered him. Radical cure by operation or wearing a truss. The radical operation is one of the most successful of surgical procedures, yet few choose this means of relief. Though the number of deaths from general anesthesia may be small, this danger strongly appeals to the patient, and his apprehension, added to the unpleasant after-effects of general narcosis, deters many from accepting a means of cure that is reasonably sure of being permanent. Improvement in anesthesia will alone popularize it. An accurate knowledge of the situation and course of the nerves supplying the parts is essential to success. These are the hypogastric branch of the iliohypogastric, the ilioinguinal, and the genital branch and the genital branch of the enitocrural, and are so situated that their cocainization is easy and certain. It is not absolutely necessary to cocainize all three, for if either the iliohypoastric or the ilioinguinal is cocainized, the operation can be made painless by simply infiltrating in sensitive regions supplied by the uncocainized nerves, In all cases the author employs cocaine, using a freshly prepared 0.2 per cent in hot normal salt solution for the skin, and 0.1 solution is used instead of water because it is isotonic with the blood serum. Less than one, and often less than half a grain of cocaine suffices for an entire operation. This amount injected intermittently for an hour or more is absoluely safe. The technique employed is the same as described by Bodine in 1903. About a half hour before the operation the patient is given a quarter grain of morphine hypodermically. This allays nervousness, deadens sensibility somewhat, and is a physiological antidote for cocaine. The line of incision is cocainized with a 0.2 solution. The needle, held at an angle of 45 degrees, is pushed into the malpighan layer, so that the point will be visible just below the skin surface. A few drops will produce a weal, the size of a ten-cent piece. The needle is re-inserted into the edge of this weal and more solution injected, and so on until the line is one long

weal. Then with a 0.1 per cent solution the subcutaneous tissues are thoroughly infiltrated. After skin and subcutaneous tissue are divided, any dissection about the external ring should be postponed until the nerve trunks, whose terminal branches supply this region, are cocainized. It is better to go right down and excise the aponeurosis of the external oblique mucsle which, when reflected, will expose one or both the iliohypogastric and ilioinguinal lying on the internal oblique. "One or two drops of 0.2 per cent solution of cocaine are now injected into and around each nerve, after which the dissection about the external and internal rings may be completed. The cord is dissected from the sac, care being taken not to touch or pinch the vas ,as such a procedure causes the patient most excruciating pain, similar to that produced when the testicle is pinched. The opening of the sac may be painful in some cases; this seems to be especially so in hernias of short duration. In such cases the sac has been found to be very much more sensitive than is the thick sac in a hernia of long standing. Infiltration into the sac along the proposed line of incision will obviate complaints in these cases. The interior of the sac is then inspected and the contents are dealt with as may be deemed necessary. Trendelenburging the patient will cause non-adherent contents to return to the abdomen without the necessity of any handling. To avoid pain in ligating the sac it is well to twist it into a cord and infiltrate about the neck at the point where the ligature is to be applied. The sac can then be transfixed, ligated, and amputated painlessly. The operation is completed as in an ordinary case, using any of the methods for repair of the canal that the operator may desire." The advantages of this method of operation are, that all danger of death from anesthesia is avoided; the disagreeable after-effects of general narcosis are absent; there will be fewer cases of suppuration, and the integrity of the nerve supply of the inguinal vein being preserved there is less danger of recurrence. For stranulated hernia local anesthesia is especially adapted. In the words of Bodine: "It rises almost to the dignity of an imperative method."

The Use and Abuse of the Uterine Curette.—In a paper on this subject, read before the Bronx Medical Society, May 11, 1908 (Internat. Jour. of Surg., Oct., 1908) Dr. Ralph Waldo, of New York, tells use that, since the introduction of the uterine curette by Récamier, in 1846, up to the present time, gynecologists have been divided into two opposing camps as to the advisability to its use; but that, in the past few years, it has so grown in favor with the profession at large, that no other operation is so frequently performed on women as curettage, and that "this wholesale and many times ill-advised use of the curette has led many competent gynecologists to deplore the fact that it was ever invented." He does not, however, oppose its proper employment when and where indicated. There are only two cardinal indications for the uterine curette. The first, and least important of these, is its use as an exploring instrument; the second, and most important, is its use to remove foreign matter from the uterine cavity. While there are instances where a sharp curette will be necessary, as in obtaining material for diagnostic purposes, the removal of abnormal growths, etc., in most cases a dull instrument is to be preferred, because with it all can be accomplished that is desired, and with infinitely less risk. A summary of the cases in which it should, or should not be used is as follows: "The curette should be used: 1, To explore the interior of the uterus; 2, to remove foreign material; 3, to remove a portion of a new growth for diagnostic purposes; 4, in the treatment of endometritis where there is menorrhagia or metorrhagia. It should not be used: 1, As a routine treatment of endometritis, and 2, where there is a chronic cervical endometritis, especially if it is of gonorrheal origin. Particular attention is called to its contraindication in general sepsis and gonorrheal infection. As to the latter we quote: "There is another class of cases where the use of the curette is absolutely contraindicated and where it has done a great deal of harm, and that is in gonorrheal cervical endometritis, which may last for years without involving the deeper structures, until somebody curettes the entire uterus. The curetted uterine cavity becomes filled with blood, serum, secretions and debris, which act as a culture medium, and so transmite the gonococcus to the tubes; a gonorrheal salpingitis results that may be acute, but is more often subacute. This also an infrequent cause of pyosalpinx."

THERAPEUTICS.

E. S. McKEE, M. D.

Cocaine Modified by Sodium Vanillate.—Experiments have shown that when cocaine is employed with the addition of a solution of sodium vanillate the anesthetic action of the cocaine is increased and the vaso-constrictor properties are modified. The combination of both bodies is said to form a double chemical compound. Sodium vanil-

late acts as an anesthetic and exerts a vaso-dilator effect. Cocaine has a vaso-constrictor action. The following is the formula which will be found very valuable in minor surgical operations: Cocaine alkaloid 0.01 sodium vanillate 0.01; aquae verbinae 1.00.

A Combination for Catarrh and Coryza.—People with recurrent or continuous catarrhs or coryzas do well to use all through the winter, at least, an alkaline and antiseptic wash morning and evening. A simple and serviceable one which can be made up at home by the patient when needed is as follows: one-half teaspoonful salt, one teaspoonful soda, ten drops of carbolic acid in a pint of water,. A bit of carmine or other coloring matter will make the mixture look less simple and more medicinal and enable to see better when it has passed through the nose and out the mouth. This should be used luke warm, and a good way is to pour a small portion of the mixture into a test tube and heat over a gas jet; pour into the palm of the hand and snuff through the nose in the stooping posture, spitting it out of the mouth. This will dissolve tenacious mucous, disinfect and heal the parts and enable the patient to breathe better.

Glyceroboric Acid.— Nouveaux Remedes recommends the following which it says has the consistence of cold cream and is an agreeable substitute for iodoform and superior to boric ointment, also supplanting carbolic ointment very nicely. ℞ Boric acid, 8.00; glycerinae, 12.00; adeps lanae hydrosi 15.00; petrolati 8.00.

Phenolphthalein.—This new remedy is certainly prominent among the drugs which came into the field in the present year. Possibly overrated, now it will settle to its proper place in the materia medica in a few years. It promises at present to take the place of salines to a large extent.

Prickly Heat.—Henley's Twentieth Century Book of Formulas gives the following as among the newer remedies:

℞	Alcoholis	333.00
	Ether	333.00
	Chloroformis	333 00
	Mentholis	1.00

M. S. For external use.

Detection of Albumen in Urine.—Patein in the Pharmaceutischer Zeitung recommends the following: Dissolve 250 grams of citric acid in a sufficient quantity of water, and add enough ammonia to neutralize, then add 50 grams of alcohol and enough water to make one litre. To the acid, or acidulated urine, one-tenth of its volume of the ammonium citrate solution made as above is added, and the whole heated in the usual manner. The appearance of the faintest turbidity is said to indicate with positive certainty the presence of albumen.

Lumbar Anesthesia Aided by Gum Arabic.—Erhardt (Muench. Med. Woch.) has found that the addition of 3 per cent of gum arabic to a 1 per cent solution of tropacocaine greatly improves the solution for use in lumbar anesthesia. The anesthesia is prolonged and the general toxic symptoms are diminished. The gum arabic should be neutral and sterile. The gum arabic solution being heavy will readily gravitate and by changing the position of the patient it is of the possible to bring about anesthesia often upper extremities and even the head. He recommends that the needle be free from rust, and that it be boiled out in a normal salt solution instead of soda.

Henley's Twentieth Century Book of Formulas, Recipes and Processes was one of the fifty best books compiled during 1907, according to the University of the State of New York. The compilation was the result of the general vote by New York libraries for the fifty books issued during the calendar year to be first chosen for a village library. Among the many thousand items of information found it is the following: A cheap and excellent warming bottle.—Mix sodium acetate and sodium hyposulphate in the proportion of one part of the former to 9 parts of the latter, and with the mixture fill an earthenware bottle about three-quarters full. Close the vessel well with a cork and place it either in hot water or in the oven and allow to remain till the salts within melt. The jug will radiate its heat for at least a half a day, and if well shaken from time to time will renew its heat giving energy. Another from the same source: To prevent dimming of physician's reflectors, also eye-glasses, cover them with the following solution: Mix olein-potash soap with about 3 per cent of glycerine and a little oil of turpentine. The very great benefit and method of use of formaldehyde in the disinfection of books is fully described. A great deal of attention is given to the administration of castor oil. Many formulas for rendering it tasteless are offered. As the disgust from taking castor oil is largely from the odor, it is recommended that the nostrils be firmly gripped before the administration and this grip maintained till all the oil is washed out of the mouth.

It is well worth to bear in mind that subcutaneous swellings are sometimes gummata.

SOCIETY PROCEEDINGS

REPORT OF THE THIRTY-FOURTH ANNUAL MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.*

The thirty-fourth annual session of the Mississippi Valley Medical Association was held in Louisville on October 13, 14 and 15, under the presidency of Dr. Arthur R. Elliott, of Chicago, and proved to be an occasion of so much importance to the profession as to deserve more than passing notice. An organization whose membership includes so many distinguished workers from such a wide section in the very center of the United States must do substantial benefit to the profession scientifically and otherwise to maintain its autonomy throughout so long a period. That this organization has accomplished such work in eminent degree is demonstrated by the fact that the recent meeting in this city surpassed any previous meeting in the high character work done and the large number of physicians who took active part in the proceedings.

The program fully indicated in advance the high character of work to be accomplished. The opening session was impressive, and gave unmistakable evidence that the people and medical profession of the city of Louisville recognized the distinguished character of the organization. A most pleasing address of welcome was made by Governor Willson, who came from Frankfort especially to be present. Mayor Grinstead also extended a welcome on the part of the city, and Dr. Lewis S. McMurtry made an address of welcome in behalf of the profession. After these proceedings the regular program was taken up by the medical and surgical sections respectively.

On Tuesday evening, the 13th inst., beginning at 8 o'clock, the President's address and the "Address in Medicine," by Dr. George Dock, formerly of the University of Michigan, but now head of the Department of Medicine, in Tulane University at New Orleans, and the "Address in Surgery," by Dr. Arthur Dean Bevan, the head of the Department of Surgery in the University of Chicago, were delivered to a large audience composed of the members of the association and many visitors, both lay and professional. The President's address was devoted to the instruction of the public upon professional matters and was replete with interest. The address of Dr. Dock on "Tropical Diseases of the Mississippi Valley," is an able paper, and will remain a permanent contribution to our knowledge. It received universal commendation, and should be read by every physician in the Mississippi Valley. The surgical oration by Dr. Bevan was a thorough and scientific consideration of the "Surgery of the Kidneys," and was in every way worthy of the distinguished author and the occasion.

Of the many valuable papers presented and discussed in the medical and surgical sections it would be inappropriate to make individual distinctions; but it is only fair to say that all were of excellent character. The symposium before both the medical and surgical section on "Diseases of the Pancreas," was attended by the largest gathering of the meeting. The opening paper by Dr. W. D. Haggard, of Nashville, and the succeeding papers by Dr. J. Henry Schroeder, of Cincinnati; Drs. A. J. Ochsner and Alfred C. Croftan, of Chicago, and Dr. William J. Mayo, of Rochester, Minn., presented the subject from every standpoint, and the several papers, when published, will give the most advanced expression of the pathogenesis, symptomatology, diagnosis, and treatment of these diseases of the present day. Dr. Mayo illustrated his masterly paper on the surgical treatment of these diseases by colored drawings, which added much to the simplification of a complex subject.

The social features of the meeting deserve special notice. It is with no little pride that we can say that the entire medical profession of Louisville united to a man in extending a cordial welcome to the members of the association. On Tuesday evening, after the addresses were delivered, a smoker was given in the large auditorium of the Seelbach; on Wednesday evening a musicale and dance drew a large crowd of ladies and gentlemen to the same place for an evening of recreation and enjoyment. The profession is indebted to Mrs. Sidney J. Meyers for arranging with such great success the musicale, which was in every way delightful. Numerous private dinners were given during the meeting, which added to the pleasure of our guests. Dr. Joseph M. Mathews and Dr Lewis S. McMurtry gave an elaborate dinner at the Pendennis Club, on Tuesday evening, to the officers, ex-presidents, and orators of the association, which was attended by Governor Willson. Dr. Henry E. Tuley entertained at luncheon at the Tavern Club on the first day for the Executive Committee, at which Governor Willson was present, and on the second day to the orators and other distinguished guests. Dr. Louis Frank, Chairman of the Committee of Arrangements, gave a dinner to the officers and orators of the association at his home on Wednesday. Dr. Thomas Hunt Stucky and Dr. H. Horace Grant gave

*Editorial from Louisville Monthly Journal of Medicine and Surgery for November.

a luncheon at the Pendennis Club on Wednesday, and numerous other private entertainments were given. The committee who provided for the entertainment of visiting ladies, under the chairmanship of Mrs. Horace Grant, deserve congratulations on their success. The luncheon for the ladies at the Country Club on Wednesday, at which forty-three covers were laid, was thoroughly enjoyed by all. Miss Marie Louis McMurtry gave a dinner in honor of Mrs. Haggard, of Nashville, Mrs. and Miss Mayo, of Rochester, Minn, and Mrs. Ochsner, of Chicago, on Wednesday evening. With automobile rides and other entertainment we have reason to believe that the ladies were well cared for during the meeting.

The papers and discussions, together with the orations already mentioned, place the scientific work of the association upon a plane quite equal to the work of either the American or British Medical Associations. The meeting demonstrates that there is a field of usefulness for the Mississippi Valley Medical Association peculiarly its own, and it does not in any way detract from the activity of its members in the great national association on the one hand or their respective state societies on the other.

The following officers were elected for the ensuing year: President, Dr. J. A. Witherspoon, of Nashville; first vice-president, Dr. Louis Frank, of Louisville; second vice-president, Dr. Albert E. Sterne, of Indianapolis; secretary, Dr. Henry Enos Tuley (re-elected), of Louisville; treasurer, Dr. S. C. Stanton (re-elected), of Chicago, Ill

St. Louis was selected for the meeting in 1909.

Mme. Curie, who with her hubsand discovered radium, has been elected a corresponding member of the St. Petersburg. Academy of Sciences. Mlle. Gaussel, M. D., has been appointed director of a clinic of Montpelier University—the first time a woman has occupied such an office.

Appropriation for Medical College.—The general council of Louisville has passed an ordinance which has been signed by the mayor, appropriating $25,000 from the general purpose fund for 1908, for the use of the Medical Department of the University of Louisville. The money is to be expended entirely for laboratory equipment for the consolidated medical schools. A preliminary course will begin October 15, and will continue until the opening of the regular session, November 18.

The Medical Fortnightly

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

Sugar as a Disinfectant.—In many parts of Europe it is customary among the people to burn sugar in sick rooms, a practice which is considered by physicians as an innocent superstition, neither beneficial nor harmful. Prof. Trilbert, of the Pasteur Institute at Paris, has, however, demonstrated recently that burning sugar develops formic acetylene hydrogen, one of the most powerful antiseptic gases known. Five grammes of sugar (77.16 grains) were burned under a glass bell holding 10 quarts. After the vapor had cooled bacilli of typhus, tuberculosis, cholera, small pox, etc., were placed in the bell in open glass tubes and within half an hour all the microbes were dead. If sugar is burnt in a closed vessel containing putrified meat or the contents of rotten eggs, the offensive odor disappears at once. The popular faith in the disinfecting qualities of burnt sugar appears, therefore, as well founded.—Scientific American.

Glycozone

$(C_3H_6O_4 + C_3H_8O_3)$

ABSOLUTELY HARMLESS.

Indorsed and Successfully used by leading Physicians in the treatment of

DYSPEPSIA, GASTRITIS, GASTRIC ULCER and CONTAGIOUS DISEASES of the STOMACH and INTESTINES.

In order to prove the efficiency of GLYCOZONE, I will send a **$1.00 bottle free** to Physicians accompanying their request with 25c. to pay forwarding charges.

A copy of the 18th edition of my book of 340 pages, on the "Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs," containing reprints of 210 unsolicited clinical reports, by leading contributors to Medical Literature, will be mailed free of charge to Physicians mentioning this Journal.

Prepared only by

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)

57-59 Prince Street, NEW YORK.

Look well to your prescriptions—a careless or dishonest pharmacist may ruin your reputation.

MEATOX

GRANULATED DRY BEEF FIBER

Contains from 74 to 82% of digestible Protein

Medico-Chirurgical College of Philadelphia

DEPARTMENT OF PHARMACY

DEAN'S OFFICE

I. V. STANLEY STANISLAUS, Ph.g., B.Sc.Phar.D., Dean

ANALYSIS OF MEATOX

Moisture	4.80
Celery Flavoring (residue from alcohol extract)	2.21
Sodium Chlorid	4.56
Proteid Matter	73.54
Insoluble Matter	9.43
Total	94.54
Ash	4.96
	99.50
Loss	.50

MEATOX has practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products.

I. V. S. STANISLAUS, Analyst.

CHEMICAL LABORATORY

H. ENDEMANN, PH. D.

23 William St., New York, October 16, 1907.

ANALYSIS OF MEATOX

Contains in 100 parts by weight:

Nitrogenous matter soluble in water calculated as Albumen	12.02
Fibrin, digestible	70.34
" indigestible	.90
Extractive matter free from Nitrogen	2.18
Fat	7.00
Meat Phosphates	.26
Chlorid of Sodium	.94
Water, hygroscopic	6.34

From the large quantity of soluble Albumens and digestible Fibrin it is evident that this preparation in connection with the fat therein furnishes an excellent nutritive, easy of digestion. H. ENDEMANN.

A sample with literature will be mailed free to Doctors mentioning this Journal.

Charles Marchand

PREPARED ONLY BY

Chemist and Graduate of the Ecole Centrale des Arts et Manufactures de Paris (France).

When you cannot procure Meatox from your druggist, send money order to THE MEATOX CO., and shipment will be made by express, charges prepaid.

SOLD BY LEADING DRUGGISTS. PRICE PER POUND $2.00, HALF POUND $1.25.

THE MEATOX COMPANY

59th Street and Neptune Avenue, Borough of Brooklyn, C. I., NEW YORK.

Please mention this publication.

SOCIETY PROCEEDINGS

PROCEEDINGS OF THE THIRD ANNUAL MEETING OF THE MEDICAL ASSOCIATION OF THE SOUTHWEST, HELD AT KANSAS CITY, MO., OCTOBER 19-21, 1908.

Casino Hall, October 19, p.m.—General meeting of the Medical Association of the Southwest, called to order by the chairman of the Committee of Arrangements, Dr. John Punton, of Kansas City, Mo., who announced that Mayor T. T. Crittenden, who was to deliver the address of welcome, was unavoidably detained, and introduced Dr. Jabez N. Jackson, who in a few well chosen words gave a cordial welcome to the physicians and their wives in behalf of the profession of Missouri and of Kansas City. Dr. Punton then announced that immediately after adjournment of this session the visiting physicians were invited to become the guests of the Kansas City physicians and enjoy an automobile ride over the parks and boulevards of Kansas City. He then introduced Dr. Thomas E. Holland, of Hot Springs, Ark., president of the association, who called up the following to respond to the words of welcome for their respective states: Arkansas, Dr. C. T. Drennan, of Hot Springs; Oklahoma, Dr. A. K. West, of Oklahoma City; Missouri, Dr. Chas. Wood Fassett, of St. Joseph; Kansas, Dr. Geo. M. Gray, of Kansas City, Kas.; Texas, Dr. Joe Becton, of Greenville.

Adjourned to meet at 8:30 p.m.

Coates House, October 19, 9 p.m.—Meeting called to order by vice-president S. S. Glasscock, who introduced the president, who then delivered his annual address, which dealt particularly with the birth, origin and needs of this association.

Meeting adjourned to take up the scientific program at 9 a.m.

The State delegations reported the following for members of the Nominating Committee:

From Kansas: Drs. Geo. M. Gray., C. C. Goddard, Noah Hayes, Hugh B. Caffey and S. S. Glasscock.

From Missouri: Drs. Mott, Fassett, Lockwood, Dixon and Stauffer.

From Arkansas: Drs. St. Cloud Cooper, J. M. Taylor, J. A. Foltz, J. T. Henry and E. H. Martin.

From Oklahoma: Drs. A. K. West, M. A. Kelso, H. C. Reed, R. V. Smith and S. M. Jenkins.

From Texas: Drs. F. D. Loyd, Joe Becton, E. H. Cary, D. Strickland and Bacon Saunders.

Casino Hall, October 20, 9 a. m.—Meeting called to order by vice-president S. S. Glasscock, who introduced Dr. Bacon Saunders, who read the chairman's address for the Section on Surgery; Dr. F. B. Young for the Section on General Medicine, and Dr. L. H. Buxton for the Section on Eye, Ear, Nose and Throat; Dr. Glasscock then introduced Hon. T. T. Crittenden, Mayor of Kansas City, who addressed the association briefly, welcoming them to the city and assuring them that owing to recent charter enactments he was in a position to assure them that the city was theirs and that should any one of them get into trouble he would only need to produce his membership credentials to secure executive clemency.

Dr. Punton then announced that at 2 p. m,. the committee to entertain the visiting ladies would take them for an automobile ride around the boulevards, stopping for tea at the Evanston Club. Also that the visiting physicians would be entertained with a smoker in the Coates House Tuesday evening at 8 p.m.

The secretary reported that since the meeting of the association at Hot Springs about 150 new members had applied for admission to the society all of whom represented themselves to be members in good standing of their respective state associations, and asked if he should read the names of these applicants?

Upon motion, duly seconded and carried, the reading was dispensed with, and the secretary instructed to enroll the applicants as members.

Meeting adjourned to take up the scientific program.

October 20, 12 m., Parlor A. Coates House.—Meeting of the Executive Committee called to order by President Thos. E. Holland, with the following members present: Drs. G. H. Moody, John Punton, L. H. Buxton, B. J. Vance, Bransford Lewis, C. T. Drennan, LeRoy Long and F. H. Clark.

A free discussion regarding the work of the Publication Committee was indulged in and the president announced as the committee for the coming year: Drs. C. T. Drennan for Arkansas; Chas. Wood Fassett for Missouri; L. H. Buxton for Oklahoma; Geo. M. Gray for Kansas; G.H. Moody for Texas.

The Publication Committee was instructed to meet at 5:15 p. m. Tuesday afternoon. Committee then adjourned to meet Tuesday evening at 8 p.m. 8 p.m.—Meeting of the Executive Committee called to order and the secretary, who had been instructed to prepare the report of the Executive Committee presented the same, which embodied the portions of the report showing the present membership and the financial statement and the effort made to interest all the county officers in the five states, and to secure their attendance at this meeting and recommended that the effort be renewed during the coming year. It also contained the report of the special committee appointed to attend the annual meeting of the A. M. A. at Chicago and ask for recognition as a branch association, and reported that such recognition had been formally promised by Dr. J. N. MacCormack at that time. It also mentioned the need for more thorough presentation of the aims and needs of the association to the profession at large through the different state journals, and recommended that this matter be urged and an active campaign be carried forward in this department. The question, as to whether or not the association should continue the experiment tried this year of having all the sections meet in common, that had been arranged for this year, and the recommendation was then adopted that at the next annual meeting but two general scientific sessions should be provided, and that the remainder should be devoted to the sections.

After accepting the above report and authorizing the secretary to present the same at the general session the following morning, the committee adjourned to meet again Wednesday at 12 m. after the election of the new officers.

Casino Hall, October 21, 9 a.m.—Meeting of the association called to order by President Holland; Dr. Geo. M. Gray, of Kansas City, Kas., then presented the following resolution:

Resolved, That the Medical Association of the Southwest approves the efforts of the graduate trained nurses to raise the standard of education and to obtain proper recognition through registration.

The report of the Executive Committee, as outlined elsewhere, was presented, and upon motion, duly seconded and carried, was adopted and ordered placed upon the minutes.

The following resolutions were then presented by Dr. E. H Martin of Hot Springs, Ark.

WHEREAS, The tendency of physicians and charitable organizations over the country is even now to send advanced, indigent consumptives from their homes to climatic resorts, notably parts of Texas, Colorado and the Southwest; and

WHEREAS, The consensus of opinion among the best authorities is that climate alone can not cure tuberculosis; and

WHEREAS, Boarding houses and hotels in many resorts no longer open their doors to this class of people, thereby depriving them of any chance of securing proper accommodation; and

WHEREAS, The sanitariums and eleemosynary institutions of the Southwest are already overburdened with such cases, and the people are called upon to do double duty in that they must take care of others beside their own consumptives; therefore, be it

Resolved, That all states and territories throughout the country, and all physicians and charitable organizations be urged to discourage the aimless drifting of the average consumptive, and that all advanced consumptives be kept within the confines of their own city, county or state, and that the legislatures of the several states be urged to pass such laws as will insure the building and maintenance of sanitariums for curable cases and hospitals for the advanced and incurable cases.

Upon motion, duly seconded and carried, the above motions were unanimously adopted. The secretary was also authorized to notify the secretary of each state association of this action.

The report of the Nominating Committee was then presented, placing in nomination for the office of president for the coming year, Drs. Jabez N. Jackson, of Kansas City, Mo., and Dr. S. S. Glasscock of Kansas City, Kansas. Upon motion of Dr. Glasscock, duly seconded and carried, the rules were suspended and the secretary was instructed to cast the unanimous ballot of the association for Dr. Jackson for president for the coming year. The secretary then announced that he had cast 243 votes for Dr. Jabez N. Jackson for president, and the president declared him duly elected.

The committee then nominated for vice-presidents, Drs. M. L. Perry, of Parsons, Kas.; M. A Kelso, of Enid, Okla.; Joe. Becton, of Greenville, Tex., and St. Cloud Cooper, of Fort Smith, Ark.; and for secretary-treasurer, Dr. F. H. Clark, of El Reno, Okla. Elected.

Dr. Bacon Saunders then moved that a rising vote of thanks be given the secretary-treasurer for his services in behalf of the association during the past year, which was unanimously carried, after which the secretary in a few words thanked the association for the honor they had conferred upon him, and pledged his very best efforts to it in the year to come.

The president then appointed as a committee to wait upon the president elect, and inform him of his election, Drs. Bacon Saunders and Chas. Wood Fassett; while Dr. Fassett was searching for the president, Dr. Saunders presented the following resolutions, which were unanimously adopted by a rising vote:

In view of the unbounded hospitality and the ample facilities afforded this association at this meeting for the comfort, pleasure, and delectation of its members: be it

Resolved, That the thanks and sincere appreciation of the Medical Association of the Southwest be expressed by a rising vote to the profession of Kansas City, to its Committee of Arrangements and to all those who in any way have contributed to the royal greeting and lavish hospitality extended to us during this meeting.

And especially do words fail us when we attempt to voice the gratitude of our hearts for the very great courtesy shown in providing such unfailing means for the pleasure and happiness of the visiting ladies.

They must be a gentle and hospitable people indeed who care so well for the strangers within their gates.

Here's to the city by the Kaw, may her longevity and prosperity be as boundless as her hospitality.

The president-elect, Dr. Jabez N. Jackson was then installed into office and addressed the association setting forth briefly the aims, and ambitions for the coming year, and asking for the same loyal support that had been accorded his predecessor.

The following members of the Executive Committee were then chosen to serve for three years: Drs. B. J. Vance, Checotah, Okla.; J. D. Riddell, Enterprise, Kas.; E. H. Martin, Hot Springs, Ark.; Chas. Wood Fassett, St. Joseph, Mo.; D. Strickland, Cleyburne, Tex.

San Antonio, Tex., was selected as next meeting-place.

The association adjourned to take up and finish the scientific program.

F. H. Clark, M. D., Secretary-Treasurer.